

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Dominick L. Mastri et al. Examiner: S. Smith  
Serial No.: 09/625,886 Group: 3721  
Filed: July 26, 2000 Docket: 203-1544 CIP CON III  
(1695 CIP CON)  
For: SURGICAL STAPLER Dated: May 11, 2001

Assistant Commissioner for Patents  
Washington, D.C. 20231

AMENDMENT TRANSMITTAL FORM

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MAY 16 2001

OFFICE OF PETITIONS

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status of this application under 37 C.F.R. § 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity under 37 C.F.R. § 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDIT. RATE FEE	ADDIT. RATE FEE
TOTAL	20 MINUS 20	= 0	X 9 \$	X 18 \$ 0	
INDEP.	3 MINUS 3	= 0	X 39 \$	X 78 \$ 0	
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			X 135 \$	X 270 \$ 0	
	TOTAL			OR TOTAL	\$ 0
	ADDIT. FEE			\$ -0-	

\* If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.10

I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service on date below in an envelope as "Express Mail Post Office to Addressee" Mail Label No. EL820507615US addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

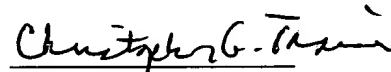
Dated: May 11, 2001

Christopher G. Trainor

- [ ] Please charge Deposit Account No. 04-1121 in the amount of \_\_\_\_\_. Two (2) copies of this sheet are enclosed.
- [ ] A check in the amount of \$\_\_\_\_\_ is enclosed.
- [X] Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 04-1121. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 04-1121 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,

DILWORTH & BARRESE  
333 Earle Ovington Blvd.  
Uniondale, NY 11553  
(516) 228-8484  
CGT/PMC

  
Christopher G. Trainor  
Reg. No. 39,517  
Attorney for Applicant(s)

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